

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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|---|--|
| Centre name: | Conna Nursing Home |
| Centre ID: | OSV-0004447 |
| Centre address: | Conna, Cork. |
| Telephone number: | 058 59 876/59 888 |
| Email address: | connanursinghome@gmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Conna Nursing Home Limited |
| Provider Nominee: | Pat Beecher |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | Maria Scally |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 50 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 August 2016 09:30 To: 19 August 2016 18:30

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 02: Governance and Management | Substantially Compliant |
| Outcome 03: Information for residents | Non Compliant - Moderate |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Non Compliant - Major |
| Outcome 07: Safeguarding and Safety | Non Compliant - Major |
| Outcome 09: Medication Management | Substantially Compliant |
| Outcome 10: Notification of Incidents | Non Compliant - Major |
| Outcome 11: Health and Social Care Needs | Substantially Compliant |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Moderate |
| Outcome 13: Complaints procedures | Non Compliant - Moderate |
| Outcome 18: Suitable Staffing | Non Compliant - Moderate |

Summary of findings from this inspection

This follow up inspection of Conna Nursing Home by the Health Information and Quality Authority (HIQA) was the tenth monitoring event of the centre since 2009. This inspection was an unannounced follow up inspection on the actions arising from the findings of the previous inspection. In addition, a new person in charge had been appointed who was interviewed by inspectors on this inspection.

Conna Nursing Home was a single-storey, purpose-built centre which provided continuing care, respite and convalescence care for older adults. It was located on the edge of Conna village in a quiet, rural and scenic location. There were 50 older adults in residence at the time of inspection. The entrance to the centre consisted of extensive landscaped and well maintained grounds. The main entrance was spacious and nicely decorated with several seating areas. There were fresh flowers and daily newspapers on the central table in the entrance foyer where residents spent time during the day. The nurses' station, dining room, lounge, library, oratory, smoking area, hair salon and therapy room were all located off this central area. The centre provided resident accommodation in 18 single bedrooms and three twin-bedded

rooms with en suite facilities. A further 24 single bedrooms shared en suite facilities with the adjoining room. There were two single bedrooms without en suite facilities.

Since the previous inspection the provider had recruited a new person in charge and a new deputy person in charge. During the inspection inspectors met with residents, family members, the provider, nurses and other staff members. Residents and family members were appreciative of the care provided in the centre and of the activities which were provided on a daily basis. Staff were seen to be kind and knowledgeable about residents' social and medical needs.

On this follow up inspection, inspectors viewed a number of improvements, which were highlighted throughout the report. However, there were findings of non compliance under certain outcomes, for example, notifications, medication management, documentation, complaints procedures, staffing and training.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During this inspection there was a clearly defined management structure in place. The person in charge informed inspectors that a new deputy person in charge had been interviewed and was working in the centre as a staff nurse at present. The current deputy person in charge had resigned and was working her period of notice. This new staff member was interviewed by inspectors and was found to be knowledgeable of her role and the requirements of regulations.

Inspectors saw minutes of staff meetings which were being undertaken on a regular basis. The most recent meeting had taken place in July 2016. The person in charge explained that a clinical nurse manager had been appointed and a representative for care staff had also been identified to support the management structure. Handover meetings were inclusive of all staff grades. There was evidence of consultation with residents and relatives in the minutes of residents' and their representatives' meetings.

Since the previous inspection a yearly review of the quality and safety of care had been undertaken. However, this was a very brief document and there was no indication that it was drawn up with the involvements of residents. The new person in charge had undertaken to complete a more comprehensive annual review this year.

Inspectors were informed that an auditing system was in place for medication management, health and safety issues, on the Standards set by the Authority and on infection control. The pharmacist had also completed a medication audit. The person in charge had developed new audit documentation and the actions required following audit were clearly documented. An audit of the complaints had yet to be undertaken.

Judgment:

Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Since the previous inspection fees payable by residents were clearly laid out in the contacts of care. However, the person in charge stated the 50 new contacts had been sent out to residents as a small number of the old contacts could not be located for residents. The person in charge undertook to inform HIQA when all the contracts were signed and returned.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was an experienced nurse manager who worked in other centres prior to being appointed to the post of person in charge in Conna Nursing Home. She was actively involved in the day-to-day organisation and management of the service. Staff, residents and relatives all identified the person in charge as the person with the overall authority and responsibility for the delivery of care. She was found to be committed to providing person-centred care to residents and was employed full time. She demonstrated good insight into the responsibilities of her role in leading the care and welfare of the residents. She was aware of the regulations for the care and welfare of older adults and was familiar with the HIQA standards for the sector. She was engaged in continuous professional development including post graduate qualifications in health services management. She outlined her management strategy and stated that all members of the care team were included in planning care and in supporting the social and medical needs of residents.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Similar to findings on the previous inspection records required under the regulations were maintained in the centre. The records were securely stored and the person in charge stated that residents had access to their files if required. Inspectors viewed a selection of residents' care plans. Each care plan outlined the social and medical needs of the resident and recognised tools were used to assess the medical, physical and psychological needs of residents. There was evidence of input from, and assessments by, allied health professionals, where necessary. Inspectors found that the care plans contained information about residents' holistic needs and there was evidence that the plans were individualised. There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. Staff demonstrated an understanding of these and inspectors viewed a signature sheet for staff to sign when the policies were read.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by inspectors. Fire safety records were seen and were found to have met the requirements of the regulations as regards, training, testing and maintenance of the system. Inspectors viewed a sample of staff files and found that they were generally maintained in good order. However, references were not on file for two staff members. In addition, photographic identification was not available for all staff files. These documents were required under the regulations. There was a policy for volunteers in the centre and guidelines were set out for the parameters of the role and the responsibilities attached. The staff roster was viewed and inspectors saw that it correlated with the staffing levels which the person in charge had outlined.

Complaints were documented in the complaints book. Findings in the recording of complaints were addressed under Outcome 13: Complaints. Nursing narrative notes were maintained for residents. A flow sheet was in use alongside the nursing narrative

notes. Findings on documentation issues were addressed under Outcome 11: Health and social care needs.

Judgment:
Non Compliant - Major

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Training in the prevention of elder abuse and in safeguarding vulnerable older adults was undertaken on a yearly basis by staff. However, not all staff had received training. In addition, the training log was not maintained in a manner that would allow inspectors to identify when training had last been provided to residents. The 2014 HSE policy on the Safeguarding and Protection of Vulnerable Older Adults was available in the centre.

Staff with whom inspectors stated that they were aware of the types of abuse that could occur and they were aware of their reporting responsibilities. However, inspectors found that alleged potential abusive incidents, had not been notified to HIQA. These had not been investigated, responded to or recognised as alleged abusive incidents. In addition, inspectors observed that a safeguarding plan had not been put in place for residents involved, in line with the centre's policy.

Residents who exhibited behaviours that challenge, associated with the behaviour and psychological symptoms of dementia (BPSD), had plans of care in place. However, not all of these plans provided comprehensive guidance to staff in how to support these residents. This issue was addressed under Outcome 11: Healthcare needs. A number of staff were trained in understanding BPSD and were knowledgeable of de-escalation techniques.

A restraint log was maintained for residents who required bed rails and lap belts. Consent forms were signed for the use of such restraints.

Judgment:
Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Appropriate policies were in place for medication management. Controlled drugs management was reviewed by inspectors and this was found to be in order. However, there was no signature of the medication administration record for the administration of one controlled drug. In addition, there was no staff signature present on five days for the administration of an iron tablet to another resident.

Incidents of medication errors had been documented. Actions and learning from incidents had been recorded. Since the previous inspection audit of medication management had been undertaken by staff and by the pharmacy. In addition, the maximum daily dose of PRN (when necessary) drugs was documented. Medication was regularly reviewed by the GP.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Since the previous inspection the majority of notifications had been submitted to HIQA as required by the Regulations. A record of all incidents occurring in the centre was maintained.

However, inspectors found that similar to findings on the previous inspection, not all notifications had not been submitted to HIQA:

The incidents occurred at the beginning of 2016:

- incidents concerning an allegation of abuse
- alleged misconduct of a staff member
- a resident had fallen and had been hospitalised to rule out a fracture.

These notifications were submitted post inspection.

The person in charge stated that she intended to audit all incidents and all complaints to ensure that required notifications would be submitted in line with regulatory requirements.

Judgment:
Non Compliant - Major

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors observed that residents' care plans were updated at regular intervals at least four monthly. However, in the sample of care plans reviewed a MUST (Malnutrition Universal Screening Tool) score had not been completed for a resident, in line with best practice guidelines. In addition, one resident had his weight entered on his file as "estimated" weight. Inspectors also observed that a care plan for a resident with BPSD was not adequately detailed. Furthermore, inspectors found that the details of the food intake of one resident were recorded differently in the daily flow sheet and in the daily narrative note.

Residents' medical and nursing assessments were included in their nursing notes and were updated regularly. Residents had a choice of general practitioner (GP) and pharmacist. There was evidence that care plan evaluations had been discussed with residents and these reviews were signed where possible. Multidisciplinary team access was readily available as seen in the care plans, such as, speech and language therapist (SALT), chiropody, dental and dietician.

There was a variety of social events and activities in the centre. Residents were seen sitting in groups in the hall and sitting room chatting and socialising. Health was

promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Inspectors observed that residents were encouraged to maintain their independence whenever possible. For example, residents were seen freely walking around the building using various mobilisation aids where necessary. They spoke with inspectors about the choices available to them on a daily basis. Activities and events were further discussed under Outcome 16: Residents, rights, dignity and consultation.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was a purpose-built single storey building and inspectors observed that it was furnished and decorated to a high standard throughout. The natural light coming in through the large windows facilitated a sense of space and brightness in the centre. There were three corridors of bedroom accommodation in the centre, Douglas suite, Aghern suite and Castle suite. Landscaped gardens and courtyards with suitable seating were available for residents' and relatives' use. There was an oratory for prayer and religious ceremonies in the centre.

The kitchen was clean, well stocked and well managed. The chef demonstrated a good knowledge of the dietary requirements of residents. There was a large communal sitting room in which activity staff members were seen to be engaged with a large group of residents throughout the day. The library in the centre was furnished with tables, bookshelves and comfortable armchairs. The hairdressing salon on the premises was availed of weekly, by residents. Closed circuit TV (CCTV) cameras were installed in the corridor areas and this practice was supported by signage and an up-to-date policy.

While most of the bedrooms in the centre were single occupancy there were a number which were double occupancy. Some bedrooms had a shared 'en suite type' bathroom. Inspectors observed that two of the double bedrooms were small as there was no room at the sides of both beds for a locker or bedside chair. These shared bedrooms

measured 16.5sq meters. There was a shared two-door wardrobe in these rooms. New smaller lockers which were to be installed in these rooms on the previous inspection were yet to be installed. The provider undertook to put these in place so that residents would have access to a bed side locker. Inspectors formed the view that residents' privacy and dignity was compromised as there was limited space available for residents' belongings due to the fact that residents were required to share a wardrobe in these rooms. During the inspection one resident who had recently been admitted was noted to have high needs. This resident's requirements and needs impacted on the other resident in the room who was seen trying to access her bedside unsuccessfully.

Sluice rooms and communal toilet areas were clean and well maintained.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a policy in the centre on the management of complaints. This was seen to include information on the appeals process and contact details of the ombudsman were included. Residents and visitors informed inspectors that they felt confident that complaints would be addressed by the person in charge. However, some complaints contained allegations of abuse and had not been followed up as allegations of abuse. In addition, not all complaints had the satisfaction or not of the complainant recorded. Furthermore, there was no evidence of an audit of complaints. However, the person in charge stated that she discussed complaints with staff at handover reports and learning had occurred from these complaints.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents and relatives spoke positively about staff and indicated that they were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities. Staff were seen to respond appropriately to residents and they engaged positively with inspectors. Inspectors reviewed a sample of staff rosters, observed practices and conducted interviews with a number of staff. There was a nurse on duty at all times. Staff were generally supervised appropriate to their role. There had been shortage of nursing staff recently and the person in charge confirmed that they were in the process of recruiting staff nurses. Staff spoken with were aware of the policies and procedures about the general welfare and protection of residents.

It was not possible to identify from records that mandatory training had been undertaken by staff to support them in the provision of evidence-based care. A training matrix had not been maintained correctly since the previous inspection. The person in charge and staff also confirmed that not all staff had up to date training in dealing with responsive behaviours, dysphagia, manual handling and protection of vulnerable adults. The person in charge undertook to maintain the training matrix and to address any training deficits.

Inspectors reviewed a sample of the records that were to be maintained for staff, as per Schedule 2 of the Regulations. However, references were not on file for two staff members. In addition, photographic identification was not available for all staff files. These documents were required under the regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|--------------------|
| Centre name: | Conna Nursing Home |
| Centre ID: | OSV-0004447 |
| Date of inspection: | 19/08/2016 |
| Date of response: | 28/09/2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The annual review undertaken had not been prepared in consultation with residents and their relatives and had not been made available to residents.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

The 2015 Annual Review is displayed in the reception of the home and the lounge for both residents and relatives perusal and 2016's to follow.

Proposed Timescale: December 2016 for the 2016 Annual Review

Proposed Timescale: 31/12/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A small number of residents did not have a contract on file.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:

Updated Contracts of Care have been issued to all residents/relatives to complete. To date 35 are completed and on file and 15 awaited

Proposed Timescale: 10/10/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The records required by schedule 2 of the regulations had not been maintained for all staff:

For example:

- not all staff had references on file
- not all staff had photographic evidence of identity on file.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Presently the management team and administrative staff are updating the staff compliance records in keeping with statutory regulations.

Proposed Timescale: 30/10/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had received training in de-escalation techniques and in understanding behaviours that challenge.

4. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:

In-house staff mandatory training on elder abuse, behaviour that challenges, fire safety, and manual handling is in progress.

Proposed Timescale: 30/11/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A staff member spoken with, had yet to receive training in the prevention of abuse.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

Elder Abuse training is in progress since August for all staff.

Proposed Timescale: 28/09/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all allegations of abuse had been investigated in line with the centre's policy. There were no records available of investigations into allegations of abuse. A safeguarding plan had not been put in place for residents who had made allegation of abuse.

6. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:

NF06's x 3 completed and sent to HIQA August 23rd, 24th and September 1st as requested. Investigations completed.

Proposed Timescale: 28/09/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had signed the medication administration sheet when administering medication.

7. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

Medication Management training in progress for existing nursing staff and new staff. Pharmacist involved in same.

Proposed Timescale: 30/10/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All notifications had not been submitted to HIQA in line with regulatory requirements:
-incidents concerning an allegation of abuse

-alleged misconduct of a staff member
-a resident had fallen and had been hospitalised to rule out a fracture.

8. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:

Please state the actions you have taken or are planning to take:
Notifications of above incidents forwarded to HIQA immediately.
Management team educated re HIQA regulations and appropriate notifications

Proposed Timescale: 01/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all care plans were sufficiently detailed to guide best evidence based practice for the care of residents with specific needs.

Ensure that all residents have been assessed using the best evidence based practice tools, such as the MUST tool.

Ensure that all information as regards food and fluid intake is recorded correctly to enable health and medical needs to be assessed.

9. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Care plan training , scope of practice and nutritional training currently underway. Also nutritional needs of residents discussed at daily handover meetings.

Proposed Timescale: 30/11/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The small two bedded rooms did not conform to the requirements of Schedule 6 of the regulations in the following matters:

- there was insufficient storage space for residents' personal clothes
- bedside lockers were not able to be located next to residents beds
- the high needs of some residents limited the space available to the second person in the room.

10. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The Provider, Architect and Engineer discussing options regarding the two bedded rooms in question.

Proposed Timescale: 31/12/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

These were some gaps in the maintenance of complaint records:

For example:

- not all complaint records had the satisfaction or not of the complainant recorded
- not all complaints were appropriately investigated.

11. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

Staff nurse training in relation to recording, management and resolution of complaints planned for October and November. Same discussed at nurses meetings also.

Proposed Timescale: 01/11/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had received mandatory and appropriate training. In the absence of a completed training matrix it was not possible for inspectors to verify how many staff had attended training.

12. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

The management and administrative staff are presently creating a new Training Matrix in the home to ensure clarity, accuracy and compliance.

Proposed Timescale: 30/10/2016